



## Police Officers' Perceptions of the 40-Hour Crisis Intervention Team (CIT) Curriculum

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### Abstract

*To date, the growing literature surrounding Crisis Intervention Team (CIT) training for law enforcement officers has lacked an examination of the 40-hour curriculum, a core component of the overarching CIT model, in terms of officers' perceptions and preferences. This study examined officers' opinions of a state-supported CIT curriculum through a self-report questionnaire administered to 252 previously CIT-trained officers. The survey collected data on the most important things learned, rankings of the three major components of the training (lectures, site visits, and de-escalation role playing), and ideas for improvement and expansion. Findings revealed a strong preference for interaction in the classroom and the gaining of directly applicable skills; officers rated role-play scenarios as the most useful and meaningful aspect of the training week. Encouragement of active learning through the application of adult education principles presents opportunities for strengthening the current curriculum to be maximally relevant to police officers. Further research into best formats for education in the law enforcement community and examination of current CIT curricula is necessary to sustain and improve this model of collaboration between law enforcement and mental health.*

**Key Words:** collaboration, Crisis Intervention Team, curriculum, law enforcement, role-playing.

## Introduction

Education has become an integral component of effective law enforcement. From the inception of their careers in basic training to the ongoing education offered through field and in-service training, officers are consistently introduced to information and techniques that will reinforce effective methods of upholding their sworn duties (Oliva & Compton, 2010). In addition, a gross need for enhanced training has emerged as the adoption of the community policing philosophy has grown, leading to an expansion of duties expected of officers beyond the confines of crime prevention and investigation. Serving the community as a whole has resulted in an evolving range of duties for officers; as the posed threats and needs of the communities in which they serve change and/or increase, so do their responsibilities.

One profound change impacting the role of officers has been the progression towards community-based mental health following the closing of a vast majority of large state mental health institutions in the early 1960s through the present day, a process often termed deinstitutionalization (Yuilles, 1986). The goal of deinstitutionalization was to allow consumers (i.e., individuals with mental illnesses who use psychiatric treatment services) to live independently and lead what would be considered normal lives with the aid of advanced treatment options offered within the community. However, consumers too often do not achieve optimal levels of symptom control or functionality in the community due to various factors such as limited community-based resources, restrictive civil commitment criteria (Lamb, 2004), and side effects and costs of medications. Limited access to and cessation of treatment commonly curtails the hopes of attaining a “normal” life for many consumers who eventually succumb to the pitfalls of homelessness and/or incarceration. According to the U.S. Department of Justice (Ditton, 1999), one in six prisoners (16%) identify themselves as having a mental illness. As this number persists or grows, attention is drawn to the initial point of contact with the justice system, police officers in their routine patrol duties (Green, 1997). As first responders, police officers predominantly encounter consumers while in crisis. A combination of stigma, insufficient training, and poor availability of services has sometimes led to poor decision-making during these encounters, resulting in unnecessary arrest, greater-than-required use of force, and in several instances, death. A poignant example of this was the death of a man with a mental illness during an encounter with Memphis law enforcement in 1987. Although this had not been the only incident with an unfavorable outcome, it is considered the catalyst to the development of the Crisis Intervention Team (CIT) program, also called the Memphis Model (Dupont & Cochran, 2000).

CIT is the product of a “community partnership” as stated in the mission of the Memphis Police Department ([www.memphispolice.org](http://www.memphispolice.org)). Through this partnership, the curriculum for a 40-hour course was developed to give officers insight into the signs and symptoms of mental illnesses, developmental disabilities, and substance abuse. In addition to acquiring the ability to identify features of mental illnesses, officers are also equipped with resources and techniques that encourage positive outcomes for both the consumer and the officer in the event of an encounter. The week-long course is a collaborative effort led by CIT-trained law enforcement officers, mental health professionals, and advocates from consumer and family groups. The curriculum follows the traditional classroom structure and lecture style of typical police training, but also incorporates a hands-on approach with role-playing scenarios and group activities. At the close of the week, the officers are tested on the material presented, and upon passing, they become designated as CIT officers, signified by a CIT patch and/or pin. The completion of this specialized training makes the CIT officer the desired first law enforcement responder on calls in which a person is suspected to have a mental illness or to be in the midst of a psychiatric or emotional crisis.

CIT is being widely implemented in cities, counties, and states across the United States. In recent years, there has been a steadily increasing pace of research examining various components of CIT training and its impact on officers, as well as the CIT model more broadly (which includes service reforms such as partnering with emergency receiving facilities to institute no-refusal and rapid-turnaround policies for police officers). Studies have shown improved outcomes and an increase in officers’ referral rates (to mental health services) as a result of CIT training (Borum et al., 1998; Teller et al., 2006). However, the CIT curriculum has yet to be formally examined from the officers’ perspectives, which may reveal areas of improvement that will lead to increased knowledge retention and more effective implementation of newly-learned skills post-training.

## **Methods**

This study was part of a larger project examining differences between CIT-trained and non-CIT-trained officers, and two models for how the training may lead to enhanced officer- and consumer-level outcomes. For assessment of the CIT-training curriculum specifically, data were collected from 252 CIT-trained sworn police officers. These officers were recruited from six municipalities throughout the state of Georgia and had attended CIT training at their respective departments in the previous months to years.

The university's institutional review board approved the protocol, and all participants gave written informed consent prior to study participation.

Georgia's standardized, five-day (40-hour) curriculum consists of three major training components; lectures delivered by mental health professional and other experts, site visits to local mental health facilities, and de-escalation training through role-play scenarios led by trained officers. Lectures focus on topics surrounding specific mental illnesses, developmental disabilities, and substance use disorders, as well as legal issues and community resources. Approximately 20 hours of each training is delivered in a lecture format. One day of the training is dedicated to visiting a local emergency receiving facilities, inpatient psychiatric units, and outpatient community programs. The de-escalation role-playing activities in this particular CIT curriculum are reserved for the close of the training week and give officers the opportunity to utilize skills learned throughout the week. Role-playing scenarios call for interaction between CIT-trained officers in the role of the "consumer" and the trainees as the "first responder" with the expectation that the trainee will effectively de-escalate the situation. Approximately 10 hours is usually dedicated to this training component.

Perceptions of and preferences pertaining to the training curriculum were assessed using a self-report questionnaire developed by the research team specifically for this study. The questionnaire contained a number of items gathering data on officers' opinions. The first item on the survey asked officers to list the top three things learned in the training that they now use during interactions with people they suspect to have a mental illness. Other items included ranking of lectures, site visits, and de-escalation role-playing activities; as well as how useful they perceived each lecture training topic to be. Using 14 Likert-scaled items, officers rated the different lectures (12 items), site-visits, and de-escalation role-playing activities as very useless (1) to very useful (7). A total score for all lectures was computed by averaging scores from the 12 lecture items. An additional qualitative portion of the survey asked officers to provide feedback about their likes, dislikes, and suggested changes pertaining to the CIT curriculum.

Descriptive characteristics for all variables of interest were examined for distribution and variability using univariate statistical procedures, using the *SPSS 17.0* software. Sociodemographic variables were summarized, and means were computed for all Likert-scaled items. For the portions of the survey that required qualitative analyses, two members of the research team conducted separate coding and compared results to achieve a consensus on themes.

## Results

As shown in Table 1, nearly half (120, 48.0%) of the study sample was between the ages of 20 and 35 years old, and most (185, 73.4%) were male. The majority (154, 61.4%) self-identified as White/Caucasian, 90 (35.9%) as Black/African American, and the remainder as other racial/ethnic groups. Income distribution, rank, and years having served as a police officer are also given in Table 1. Of note, 160 participants (63.0%) had served as a police officer for up to 10 years. Most of the sample (197, 80.1%) had completed CIT training within the past four years (median, 22 months).

A breakdown of officers' rankings of the three teaching modalities (lectures, site visits, and de-escalation role-playing), along with their recommended percentage for how much of the training should ideally be devoted to each of these three components, is shown in Table 2. The majority of officers ranked lectures and site visits as #2 or #3 in their rank-ordering, with 164 (68.9%) ranking de-escalation role-playing as #1. In terms of their recommendations for how much of the training should be devoted to each of the three components, as shown in Table 2, there was a relatively even distribution between lectures and de-escalation comprising 26–50% of the training week, leaving site visits with <25% of the training week as selected by the majority of officers (166, 67.7%). As shown in Table 3, the mean scores for officers' ratings of usefulness of all lectures, site visits, and de-escalation role-playing activities were 6.05 (SD=0.88), 5.93 (SD=1.29), and 6.47 (SD=1.19), respectively, again indicating a preference for de-escalation role-playing. Individual lectures consistently rated at approximately 6.0 on the scale of 1 to 7.

Four common themes emerging from qualitative responses listing the “top three things learned in training” included: (1) effective communication skills; (2) increased awareness of available resources; (3) improved knowledge about mental illnesses, developmental disabilities, and substance abuse; and (4) de-escalation techniques. When asked “what was liked most” about the training week, responses typically fell in one or more of three categories, reflecting the three components of the training: (1) de-escalation role-playing, (2) site visits/interaction with consumers, and (3) lectures/overall training. A majority of respondents (60%) identified de-escalation or role-playing as the most favored component of the training week.

The responses to dislikes and suggested changes revealed a more diverse range, but overall there was a clear indication that officers' deemed the training essential, yet not completely adequate. Specifically, officers indicated a need for a longer training period with shorter, more concise lectures. Also, a disconnect between lecturers, whom are primarily mental health professionals and advocates, and the police officers became apparent in responses such as, "I dislike how the training seemed to undermine the officer safety issues that we go through." The disconnect was also linked to the use of medical terminology instead of lay terms and lecturers' apparent lack of insight into the complex decision-making process for officers in terms of maintaining safety and enforcing the law, which are primary concerns. A number of officers also expressed a need for more depth in the various components of the training week, suggesting better locations for site visits that would allow for more intimate interactions with consumers.

Many requested that de-escalation role-playing scenarios provide a more realistic setting for them to apply the techniques, as well as the use of videos of real encounters. In addition to requesting a format that would transfer to real encounters during their routine patrol duties more fluidly, officers also stated a need for refresher courses post-training. Some further suggested changes included making the course mandatory for all officers, as well as incorporating the lecture topics into basic training.

## ***DISCUSSION***

According to the officers' reports, it appears that they respond well to interactive learning styles. The results revealed a strong preference for the de-escalation role-playing activities during the training week versus the lectures and site visits. This portion of the training week was consistently selected as the most favored by nearly 70% of the officers. This key finding supports previous research on officers' classroom social-environmental preferences and effective teaching styles (Oliva & Compton, 2010), and indicates a need to revise the current curriculum structure in order to solidify knowledge retention and implementation of newly learned skills during encounters.

A previous qualitative study evaluating what police officers value in the classroom (Oliva & Compton, 2010) found that officers preferred "practical content emphasizing 'real world' application." This finding

epitomizes the objective of the role-playing activities in which scenarios are selected randomly unbeknownst to the trainee to simulate situations and decisions they may face during real encounters while on patrol. On the other spectrum, the lecture format is typically unilateral and follows a rigid structure in which lecturers/experts convey information about their topic or expertise to the trainees. The site visits seemed to follow a similar unilateral pattern that lacked the level of interaction and stimulation provided by the role-playing activities.

Situated learning theorists (a trending topic in education research) would likely suggest that the lecture format creates a culture of “understanding that there is only one way of knowing – the teacher’s way” (McLellan, 1996). This has clearly become a contributing factor to the reported disconnect between lecturers and trainees and has been found to possibly inhibit or interfere with the transfer of knowledge. In response, theorists propose a more effective lecture style be used, one fostering interaction between “novice and expert,” propelling the trainee to a level of expertise that is applicable to their real encounters outside of the classroom (McLellan, 1996).

This premise is also supported by the existing literature pertaining to law enforcement training and education. Birzer (1999) emphasized the importance of self-directed learning in law enforcement education, and acknowledged the limitations of traditional (teacher-centered) methods of education in the classroom. He suggested that various emerging approaches exist that may foster a more effective learning experience for the officer, and that police academy training should highlight self-directed learning (Birzer, 2003; Palmiotto, Birzer, & Unnithan, 2000). Birzer (1999; 2003) contended that police officers must be self-directed; when they identify a problem, they must solve it. Lynch (2005) suggested that training should always be designed and developed to provide officers with the skills necessary to successfully complete a task. He argued that the goal of scenario-based training is to provide officers with the skills and abilities that they can use in any encounter. According to Trautman (1986), law enforcement training experiences should allow officers to become more proficient at whatever skill they are attempting to master. As such, officers should be involved in the learning by actively participating in the classroom, which requires them to be completely attentive to the situation. Trautman suggested that the traditional lecture method of instruction can be effective; officers must be shown the practicality of the presented material. While the lectures and site visits serve an essential purpose within CIT training, it is possible to explore a format that would facilitate an increased level of interaction for trainees among lecturers, mental health experts, and consumers and advocates, beyond question-and-answer sessions and observations during site visits.

There are a wide range of teaching strategies to encourage active learning in the classroom, such as informal small groups, simulations, case studies, and role playing that can be blended with technological and human resources. For example, lectures can be reformulated to allow for more participation from officers and greater social interaction in the classroom. With the addition of media clips and user-friendly, interactive handouts, trainee engagement and interest may be advanced, providing a more effective mechanism for learning.

To address officers' concerns about potential conflict between their core mission to maintain public safety and some of the CIT course content, the training could be modified to include discussions co-led by a mental health provider and an experienced CIT officer. The more integrated the CIT content and basic officer training is, the less likely officers would be torn between the two when confronted with a potentially dangerous interaction with a consumer. Additionally, based on this research, the training should provide even greater emphasis on verbal de-escalation skills training. Lastly, more outside-of-the-classroom experiences could be incorporated into the training process to give officers a greater opportunity to interact with consumers. When possible, these interactive experiences should occur in the community to allow the training experience to be closer to the officers' "real world" interaction with consumers. By addressing the aforementioned opportunities, the CIT learning experience may be enhanced, ensuring that officers are optimally trained to respond to individuals suspected of having a mental illness.

Some of the limitations encountered during this study present an opportunity for further in-depth qualitative and quantitative research. The survey was introduced to CIT-trained officers partaking in a larger study whose sample consisted of both CIT-trained and traditional, non-CIT patrol officers. The survey on the CIT curriculum was kept very short and simple due to the intensity and length of the larger survey into which it was embedded. Also, the length of time since training varied among officers, potentially impacting the extent and accuracy of recall. Although the training curriculum was relatively standard across participating police departments (Oliva and Compton, 2008), access to supplemental resources varied among jurisdictions, as did the exact teachers involved in the various classes. Beyond this, the generalizability of the present findings is unclear due to the variability of curriculum structure in other municipalities across the United States. Despite these limitations, the findings presented are unprecedented and offer an opportunity to generate future research leading to the development of even more effective curriculum enhancements.

## Conclusion

The current study examining officers' perceptions of a statewide CIT curriculum illustrates the importance of fostering active learning through interaction in the classroom, as officers consistently endorsed these types of activities as the most relevant and applicable. Though officers found the overall training to be important—and many believed it should be routinely taught—opportunities exist to enhance some aspects of the curriculum, such as the lectures and site visits. Teaching techniques such as small group discussions or case studies should likely be incorporated, as well as various media, for more engaging presentations of lecture material. Further research into best techniques with police officers would help to inform future revisions in order to continue improving the existing curriculum and to more effectively disseminate the model. Additional studies involving similar and dissimilar CIT curricula are also suggested to better understand police officers' classroom perceptions and social-environmental preferences. This study involved a standardized, statewide CIT curriculum that was administered to police officers at different sites and times, with varying instructors. Additional studies involving other law enforcement populations (e.g., probation, corrections, and dispatch officers) who attend CIT training are also warranted to better understand the classroom preferences of other learner populations attending CIT programs and in particular, the implications of role playing in the CIT training.

The results of this study reveal that a large majority of respondents most favored de-escalation role-playing during the CIT training week. Potentially, however, this percentage may be even higher in light of the inherent nature of the police culture in which officers tend to be private and “guarded.” CIT instructors are not often surprised when officers remain reserved or even cynical during the first two days of a five-day CIT training course. These instructors are generally seasoned police officers or have been affiliated with the law enforcement profession for a significant period of time who understand the law enforcement culture, and can create a “safe” or comfortable classroom environment in which the officer can become actively involved. Most officers will begin to participate in the learning no later than on the third day of the course, and will embrace the role-playing exercises because of the practicality and direct application of these exercises to the officers' duties and responsibilities. However, a small percentage of the group, because of a bad classroom training/learning experience, individual personality traits, or other factors, may feel vulnerable or uncomfortable in this type of interactive learning environment. Therefore, in all

probability, a minority of officers will always rate the interactive learning activities (e.g., role playing) lower than they would have in the absence of such factors.

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**Table 1. Sociodemographic Characteristics of the Study Sample (n=252)\***

Variable	<i>n</i>	%
<b>Age</b>		
20–35	120	48.0%
36–50	108	43.2%
51–65	22	8.0%
>65	1	0.4%
<b>Gender</b>		
Female	67	26.6%
Male	185	73.4%
<b>Race</b>		
White/Caucasian	154	61.4%
Black/African American	90	35.9%
Asian	2	0.8%
American Indian/Alaska Native	3	1.2%
Other	2	0.8%
<b>Income Level</b>		
\$30,000–\$40,000	27	10.7%
\$40,001–\$50,000	59	23.4%
\$50,001–\$60,000	32	12.7%
\$60,001–\$70,000	40	15.9%

<b>&gt;\$70,000</b>	94	37.3%
<b>Rank</b>		
<b>Captain</b>	4	1.6%
<b>Lieutenant</b>	11	4.4%
<b>Sergeant</b>	22	8.8%
<b>Deputy</b>	21	8.3%
<b>Detective</b>	19	7.5%
<b>Police Officer</b>	147	58.3%
<b>Other</b>	28	11.1%
<b>Years as an officer</b>		
<b>≤10</b>	160	63.0%
<b>11–20</b>	64	25.6%
<b>21–30</b>	27	10.8%
<b>&gt;30</b>	1	0.4%
<b>Years since CIT training</b>		
<b>≤1</b>	52	21.1%
<b>2–4</b>	145	59.0%
<b>5–7</b>	45	18.2%
<b>8–10</b>	10	1.2%
<b>11–13</b>	1	0.4%

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\* Some frequencies may not sum to 252 due to sparse missing data for some items.

**Table 2: Rankings and Recommended Portion of Training across Three Curriculum Components among 252 CIT-Trained Officers\***

Ranking	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	<b>Lectures</b>		<b>Site Visits</b>		<b>De-escalation</b>	
<b>#1</b>	32	13.6%	46	19.5%	164	68.9%
<b>#2</b>	94	39.8%	87	36.9%	53	22.3%
<b>#3</b>	110	46.6%	103	43.6%	21	8.8%
<b>Recommended Portion of Training</b>	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	<b>Lectures</b>		<b>Site Visits</b>		<b>De-escalation</b>	
<b>≤25%</b>	102	41.6%	166	67.7%	47	19.1%
<b>26–50%</b>	117	47.7%	70	28.5%	134	54.5%
<b>51–75%</b>	13	5.2%	3	1.2%	48	19.6%
<b>&gt;75%</b>	13	5.2%	6	2.4%	16	6.5%

\* Some frequencies may not sum to 252 due to sparse missing data for some items.

**Table 3: Mean Scores for All Lectures, and for Site Visits and De-escalation Role-playing Activities**

<b>Lecture</b>	<b>Mean</b>	<b>SD</b>
<b>Signs and symptoms of mental illnesses</b>	6.08	0.99
<b>Schizophrenia, mood disorders, personality disorders, and posttraumatic stress disorder</b>	6.16	0.93
<b>Understanding and preventing suicide</b>	6.12	0.95
<b>Child and adolescent interventions</b>	6.02	1.02
<b>Treatment of psychiatric illnesses</b>	5.92	1.13
<b>Addictive diseases co-occurring disorders</b>	6.0	1.07
<b>Developmental disabilities</b>	5.99	0.99
<b>Alzheimer's disease</b>	6.2	0.91
<b>Consumers' perspectives</b>	6.08	1.07
<b>Family members' perspective</b>	6.04	1.02
<b>Cultural sensitivity</b>	5.97	1.13
<b>Mental health and community resources</b>	6.09	1.03
<b>Total lecture score (average)</b>	6.05	0.88
<b>Site visits</b>	5.93	1.29
<b>De-escalation role-playing activities</b>	6.47	1.19